2006 **HSRS CORE DESKCARD**

MODULE TYPE 1

	LIENT CHARACTERISTICS (Field 7)		
19	Developmental disability - brain trauma		
23	Developmental disability - cerebral palsy		
25	Developmental disability - autism		
26	Developmental disability - mental retardation		
27	Developmental disability - epilepsy		
28	Developmental disability - other or unknown		
29	Family member of developmental disability client		
86	Severe emotional disturbance		
02	Mental illness (excluding SPMI)		
03	Serious and persistent mental illness (SPMI)		
14	Family member of mental health client		
04	Alcohol client		
05	Drug client		
10	Chronic alcoholic		
12	Alcohol and other drug client		
16	Family member of alcohol and other drug client		
17	Intoxicated driver		
39	Gambling client		
07	Blind / visually impaired		
08	Hard of hearing		
32	Blind / deaf		
79	Deaf		
09	Physical disability / mobility impaired		
36	Other handicap		
59	Unmarried parent		
71	Victim of domestic abuse		
50	Regular caregiver of dependent person		
55	Frail elderly		
57	Abused / neglected elder		
18	Alzheimer's disease / related dementia		
43	Migrant		
44	Refugee		
45	Cuban / Haitian entrant		
33	Corrections / criminal justice system client		
	(adults only)		
91	Hurricane Katrina evacuee		
92	Hurricane Rita evacuee		
99	None of above		
SPECIAL CHILDREN'S SERVICES CATEGORIES			
61	CHIPS - abuse and neglect		
62	CHIPS - abuse		
63	CHIPS - neglect		
64	Family member of abused / neglected child		
69	JIPS - status offender		
70	Family member of status offender		
68	CHIPS - other		
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74

Delinguent

Family member of CHIPS - other

73 Family member of delinquent

SPO	CLL	JSTER/CATEGORY (Field 16
100	Child	Day Care - Crisis / Respite
	101	Child day care - crisis / respite

104 Supportive Home Care

107 Specialized Transportation and Escort

300 Community Living / Support Services 102 Adult day care

103 Respite care

105 Respite care
106 Housing / energy assistance
110 Daily living skills training
112 Interpreter services and adaptive equipment

401 Congregate meals

402 Home delivered meals

404 Family planning

406 Protective payment / guardianship

604 Case management

400 Investigations and Assessments

301 Court intake and studies

603 Intake assessment

500 Community Support

509 Community support

600 Work Related and Day Services

108 Work related services

706 Day center services - nonmedical

615 Supported Employment

700 Community Residential Services

201 Adoptions

202 Adult family home

203 Foster home

204 Group home

205 Shelter care

506 Community based residential facility 705 Detoxification - social setting

800 Community Treatment Services

303 Juvenile probation and supervision services

304 Juvenile reintegration and aftercare services

305 Restitution

501 Crisis intervention

507 Counseling / therapeutic resources

704 Day treatment - medical

900 Inpatient and Institutional Care

306 Juvenile correctional institution services

703 Detoxification - hospital setting

503 Inpatient

504 Residential care center

505 DD center / nursing home

925 Institution for Mental Disease

Client specific reporting is not required on the following cluster. However, it may be used on an optional basis.

200 Community Prevention, Access and Outreach

403 Recreational / alternative activities

408 Community prevention, organization and

awareness

601 Outreach

602 Information and referral

605 Advocacy and defense resources

606 Health screening and accessibility

TARGET GROUP (Field 17)

- 01 Developmental disability
- 72 Family member / other of DD client
- 31 Mental health (DSS use only)
- 75 Family member / other of mental health client
- 18 Alcohol and other drug abuse (DSS use only)
- 74 Family member / other of AODA client
- 57 Physical and sensory disability
- 76 Family member / other of P and SD client
- 06 Delinquent and status offender
- 73 Family member / other of delinquent and status offender
- 58 Adults and elderly
- 77 Family member / other of adults and elderly client
- 61 Abused and neglected children (CAN)
- 78 Family member / other of CAN client
- 64 Children and family

CLOSING REASON (Field 13)

(Optional)

- O1 Assessment complete / decision not to serve
- 02 Successful completion
- 03 Client referred
- 04 Client no longer wants service
- 05 Client relocated
- 06 Death of client
- 07 Objectives not attained
- 08 Noncompliance with the program
- 09 Service not available
- 10 Court dismissed
- 11 Client no longer income eligible
- 12 Court order expired / client not income eligible
- 13 Somewhat successful completion
- 98 Other reason

MODULE TYPE

Used on HSRS reports

- 1 CORE Human Services Reporting System
- 5 FSP Family Support Program
- AODA Alcohol and Other Drug Abuse
- 9 MH Mental Health
- 0 B3 Birth to Three Program A LTS Long-Term Support

SOS DESK (608) 266-9198

9:00 - 11:30 A.M. and 12:30 - 2:30 P.M.

or leave voice mail message.

E-mail Address: soshelp@dhfs.state.wi.us

FAX: (608) 267-2437

HSRS Handbook and Terminal Operator's Guide: http://www.dhfs.wisconsin.gov/HSRS/index.htm

WI Department of Health and Family Services Division of Disability and Elder Services DDE-31I (Rev. 01/2006)